

# Harford County Opioid Overdose Prevention Plan

June 2013

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## Overview

In partnership, the Harford County Health Department and the Harford County Department of Community Services-Office of Drug Control Policy (ODCP) have been working to address opioid overdose deaths through prevention, intervention and treatment. For the past 13 years, ODCP has tracked overdose deaths of Harford County residents. Even with the recent increase of heroin deaths, prescription medicine abuse remains the leading cause of overdose deaths in the county.

The Harford County Health Department, Harford County Office of Drug Control Policy and the Office on Mental Health-Core Service Agency have teamed with key stakeholders in the community to develop a county-wide Opioid Overdose Prevention Plan. The purpose of the Opioid Overdose Plan is to reduce unintentional, life-threatening poisonings related to the ingestion of opioids. In Harford County, stakeholders are striving to create a paradigm shift in the county, reduce overdose deaths and increase the number of people receiving behavioral health services.

The plan is comprised of four components: Historical review of Prevention and Intervention Initiatives, Needs Assessment/Analysis of Data, Strategic Initiatives (including Education of the Clinical Community and Outreach to high risk individuals), and Performance Metrics.

## Historical Review of Prevention and Intervention Initiatives

### Prevention

Historically, Harford County Department of Community Services-Office of Drug Control Policy (ODCP) receives substance abuse prevention funding from the State of Maryland Alcohol and Drug Abuse Administration (ADAA) and a variety of other sources (e.g. Harford County Government, Highway Safety, etc.). The Harford County Health Department provides treatment for addiction services and receives funding from ADAA and Harford County Government. For the last thirteen years, has promoted and provided prevention services through strategies utilizing the resources of public and private agencies, and citizens. ODCP was the recipient of a DFC (Drug Free Communities) Grant for ten years and has received federal training in programs that reduce substance abuse in the county. Over the past 12 years ODCP has been responsible for obtaining over 15 million dollars in grant funds to address substance abuse issues in the county. For the past ten years, ODCP has implemented programs for over 16,000 residents annually in an effort to reduce substance abuse in the county.

### Intervention/Treatment

The Harford County Health Department Division of Addiction Services provides a comprehensive array of clinical co-occurring treatment services for people with addiction. Services include: comprehensive assessments, individual/group and family counseling, referrals for detoxification and inpatient treatment, specialty programming (jail-based services, drug court) and medication management (e.g. Methadone, Suboxone, and psychotropic). The highly successful HOPE Project, initially funded by a Maryland Community Health Resources Commission grant, targeted dually diagnosed inmates and links them to substance abuse, mental health, medical, and case management services with the goal of reducing recidivism. Funding for the HOPE Project expired in the Fall, 2013, but the Health Department has continued funding this important program. The Adolescent Addiction Program provides substance abuse education and treatment to adolescents and their families. Substance abuse assessments are conducted by counselors specializing in adolescent treatment. Counselors are located in various schools through the Maryland Student Assistance Program. The Drug Court Addiction Program provides substance abuse education and treatment services for first time nonviolent substance abuse offenders. In FY 12, 788 (unduplicated) clients received treatment in the Harford County Addiction Program with participants spending an average of 112 days in treatment.

By providing education, comprehensive treatment options, and maintaining a visible presence, ODCP and the Health Department work daily as the voice of a drug-free Harford County. Below is a summary of successful addiction prevention and intervention activities:

- **Harford County Leadership – The Harford County Mental Health and Addictions Advisory Council** - Established a Prescription Drug Task Force sub-committee in 2012 to address the increase of opiate deaths in the county. The Harford County Health Department- Local Health Improvement Coalition (LHIC) identified behavioral health as one of the top health priorities for the county. The LHIC established a dedicated behavioral health sub-committee to develop recommendations for addressing behavioral health needs in the county. The Harford County Local Health Improvement Coalition oversees and provides direction to the behavioral health sub-committee.
- **Community Drug Take Back Initiatives-** ODCP, local law enforcement agencies and DEA sponsor no-questions-asked prescription drug take-backs.

Year	Number of Pounds	Number of Citizens
2010	1900	407
2011	1850	629
2012	3692	1270
<b>Total</b>	<b>7442</b>	<b>2306</b>

- **Community Education** – Numerous community outreach programming, trainings and educational seminars spearheaded by ODCP and the Health Department which have been implemented in the county. ODCP prevention programming has reached middle/high school students, Boy/Girl Scouts, business leaders, faith-based community, inmates, parents through the PTA, law enforcement agencies, medical and social service professionals, etc. The Health Department has been active in the community through airing the local television program called Public Health Matters on the Harford Cable Network. Public Health Matters had the opportunity to interview Mr. Keith Mills, WBAL/Channel 11, to talk about his personal experiences with addiction.

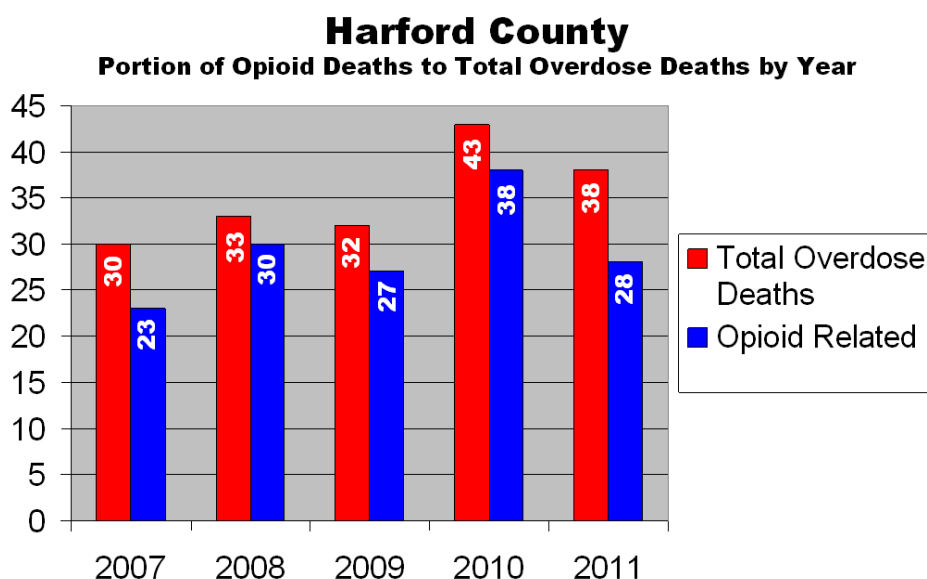
- **Treatment-** The Harford County Health Department vigorously utilizes Methadone, Suboxone and Vivitrol medications as well as residential detoxification, and outpatient treatment. The Health Department actively engages community partners in Recovery Orientated Systems of Care (ROSC). In addition to traditional treatment, Harford County Office of Drug Control Policy oversees and funds 5 problem-solving courts (3 district and 2 circuit). The specialized courts include: drug courts for juveniles and adults, family recovery court, driving under the influence court, and mental health court.

Nar-Can- Naloxone is currently available and utilized by Harford County Emergency Medical Services. It is currently available in all ambulances in the county. In addition, it is available for use by the Harford County Sheriff's Office- SWAT team for opiate overdose prevention (under physician orders).

## Needs Assessment/Analysis of Data

A review of quantitative and qualitative/soft data (focus group and on-line survey) was used to gain an overall understanding of the addiction issues in the county. The data snapshot presented below is based on information available from the Department of Health and Mental Hygiene, Alcohol Drug Abuse Administration, Mental Hygiene Administration and local data sources (Harford County Sheriff's Office, Upper Chesapeake Medical Center, etc.). This first broad step in conducting the data review provides ideas, measures, and areas to dig deeper to better understand how to meet the addiction prevention and intervention needs in the community.

**Figure 1**

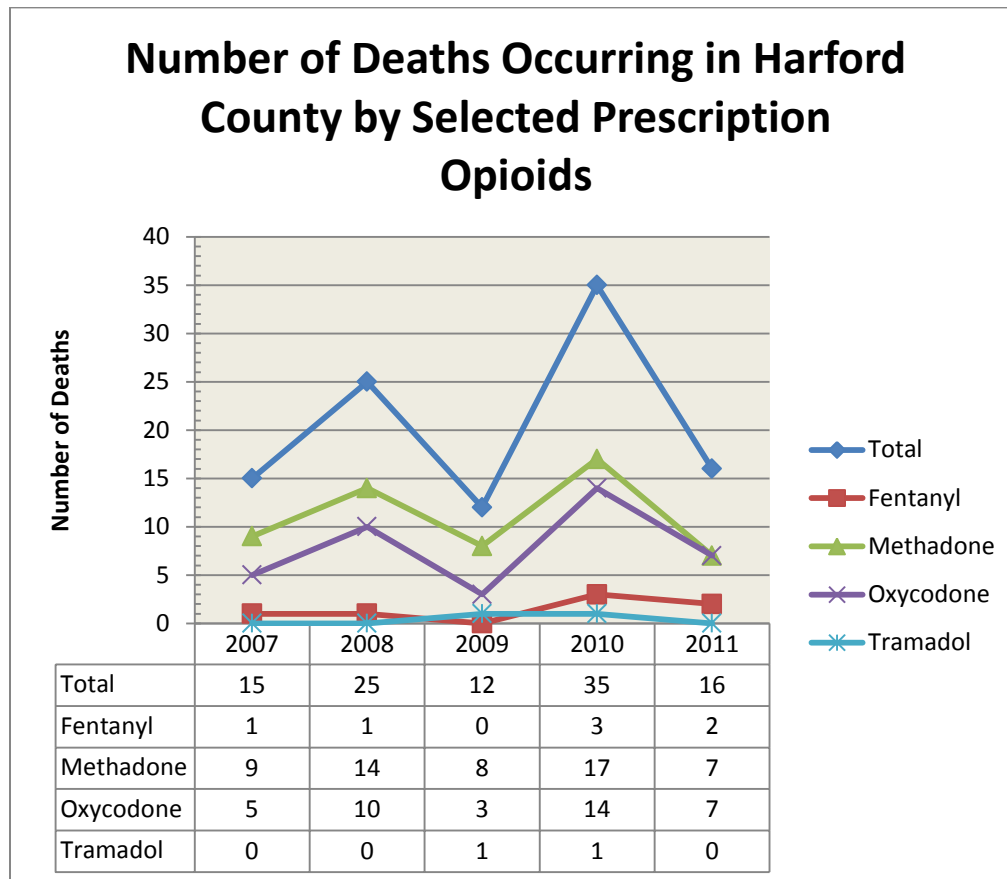


FROM: Maryland Department of Health and Mental Hygiene - "Drug and Alcohol Intoxication Deaths in Maryland, 2007-2011"

For the last five years, the opioid overdose rate has remained relatively high- ranging from 23 - 38 deaths per year. By percent comparison, the opioid overdose deaths are significantly higher than all types of overdose deaths (ranging from 74% - 91% relating directly to opioid deaths).

Note: (77%, 91%, 84%, 88%, 74%)

**Figure 2**



Source: ADAA & Office of the Medical Examiner

Reviewing the data from the last five years for prescription opioid deaths, the average number of deaths has been 20.6 each year. In 2010, there was a spike in the number of death (35). By comparison, in a typical year, the death range from 12-25 (with 35 deaths in a year being the outlier).

**Figure 3**

**Patient Residence for Admissions to State-Supported Alcohol and Drug Abuse Treatment Programs Reporting Data**

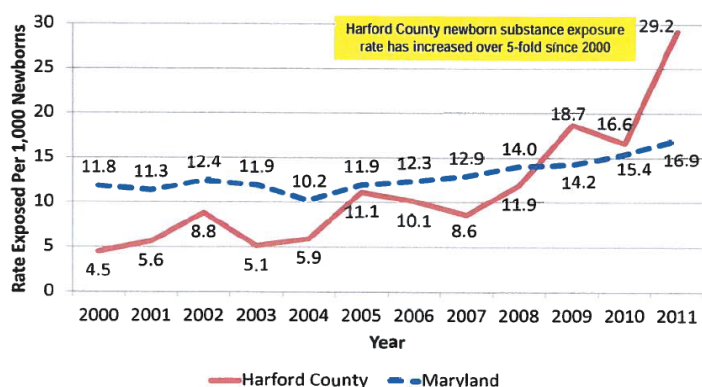
Harford County Drug and Alcohol Treatment FY 08 – 12						Total
	2008	FY 2009	2010	2011	2012	
Number of Admissions to State Funded Treatment Centers	1,083	889	1,091	1,305	1,372	5,740

Source: ADAA, SMART, 2012

Over the last 5 years, 5,740 people have received residential treatment services for alcohol and drugs in a state-funded facility. Currently over 15,000 people seeking treatment have been unable to receive services due to limited capacity and funding.

**Figure 4**

**Newborns with Maternal Drug/Alcohol Exposure Rate in Harford County and Maryland, 2000-2011\***

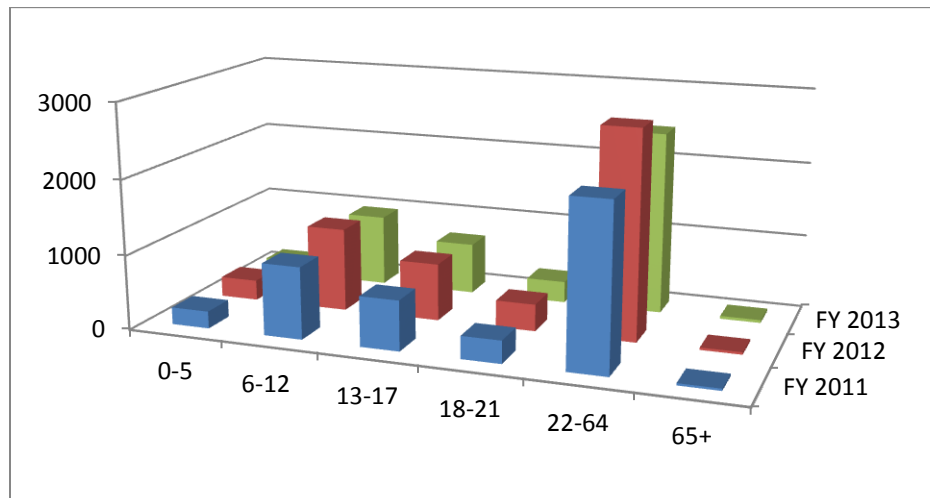


\*ICD Codes: 760.70, 760.71, 760.72, 760.73, 760.75, 760.77, 779.5

Source: HSCRC Hospital Data, 2000-11, Maryland resident births only  
Compiled by HCHO and DHMH MCH Programs

The Upper Chesapeake Hospital System tracks the number of babies born addicted to drugs. As the table indicates the newborn substance exposure has increased over 5-fold since 2000. The Harford County Child Fatality Review Board recently began reviewing this indicator which is an indirect reflection of the rate of addiction increasing in the county. This data will be monitored by the Harford County Fetal Infant Mortality Review Board.

**Figure 5- Persons with Co-Occurring Diagnoses Served in the Harford County Public Mental Health System**



Source: State of Maryland Mental Hygiene Administration

Age	FY 2011	FY 2012	FY 2013
0 - 5	232	272	183
6 - 12	967	1,119	965
13 -17	674	770	691
18 - 21	305	364	288
22 - 64	2,185	2,775	2,444
65 +	29	33	39
<b>Total</b>	<b>4,392</b>	<b>5,333</b>	<b>4,600</b>

The Harford County Office on Mental Health/Core Service Agency monitors the number of people who received public mental health services in the county. The total number of co-occurring people served:

- FY 11, 4,392
- FY 12, 5,333
- FY 13, 4,610 (Note: these statistics are for the period 7/1/12 – 2/28/13)

As shown above, the overall number of people dually diagnosed served in the public mental health system continues to increase each year.



**Figure 6 – Drug Seizures**

<b>Year</b>	<b>Heroin</b>	<b>Opiate/Prescription Meds./Pills</b>
<b>2009</b>	61 grams	395
<b>2010</b>	138 g.	1,076
<b>2011</b>	341 g.	4,011
<b>2012</b>	2,336 g.	1,628

**Source: Harford County Sheriff's Office/Task Force**

Over the last four years, the amount of heroin and opiate pill seizures has grown exponentially. This is due in part to the increase amount of prescribing/use of prescription medications and heroin, and targeted efforts through the law enforcement agencies.

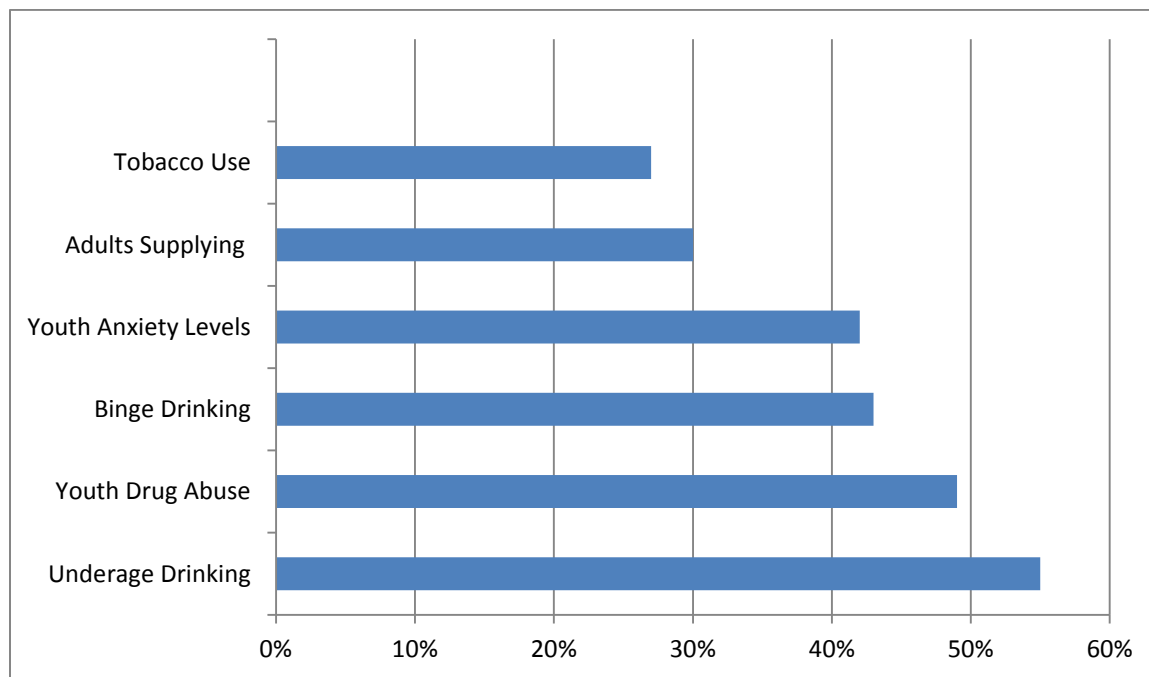
**Figure 7 - Online Parent Survey about Youth Addiction**

**Purpose:** An online survey was conducted to determine parent/guardian opinions on youth behavioral health in Harford County. The survey was compiled by the Harford County Health Department and the Department of Community Services-Office of Drug Control Policy for the purpose of the Harford County Local Health Improvement Plan- Behavioral Health Workgroup.

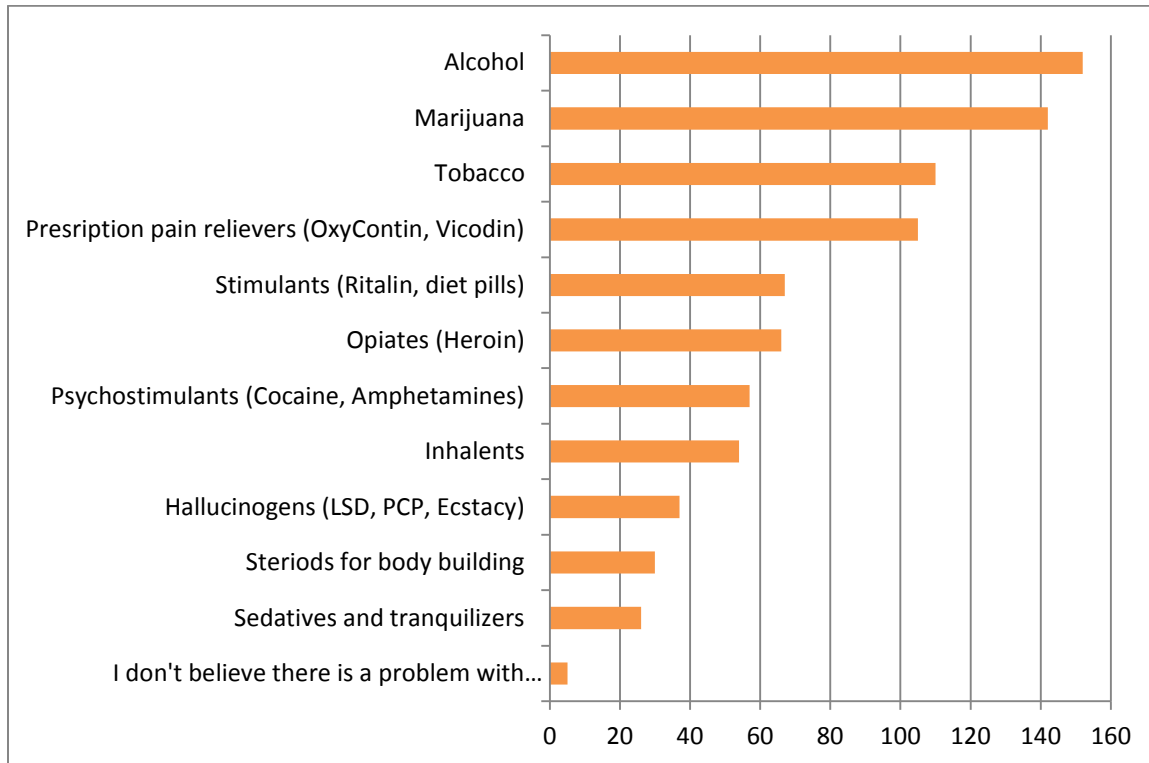
**Responses:** 170 parents across Harford County answered questions about their views of addiction, mental health and treatment resources in the county.

**Methodology:** An online survey (Survey Monkey) was distributed to parents of Harford County Public School students by the DCS/ODCP between April and June, 2012. In addition to the School System, the survey was promoted through the Harford County Local Management Board, and the Office of Drug Control Policy websites during 2012.

**Which of the Following Do You Believe are Problems  
within our Youth Community?**



**Which of the Following Substances do you Believe are Problems within our Youth Community?**



**Summary:** Parents believe substance abuse is a problem among youth, with alcohol being a primary concern, followed by drugs. On surveys, parents highlighted that anxiety among youth is of significant concern among parents. Parents also reported the following:

- Youth need more [productive] places to socialize
- Increase direct educational awareness programs in schools
- Increase faith-based activities to address addiction
- Focus on strong parental relationships
- Need more classes for youth on managing stress, making good decisions, and healthy living
- Small accountability groups with peers and a trusted adult for youth who have used substances
- Stronger discipline for youth caught abusing drugs or alcohol as well as parents who supply substances
- Need to increase access for the mobile crisis team

## **Figure 8 – Targeted Focus Group- Emergency Department**

In June 2012, a targeted focus group was held with Emergency Room Staff from Upper Chesapeake Health and Harford Memorial Hospital. The purpose of the focus group was to explore with front-line staff, the trends, areas of challenges, positive experiences and opportunities to improve behavioral health services in the county. Physicians, nurses, patient navigators and social workers reported the following:

- People using substance are arriving in the emergency department seeking detoxification
- Individuals with severe psychological needs are referred to the ED
- There is a general lack of known resources in the community among treatment providers in the ED
- There are no substance abuse programs for uninsured other than the Health Department
- The Sheriff's Office is responding to an increased number of calls for service for overdoses and burglaries (stealing to then purchase drugs)
- There are waiting lists to serve people in community mental health programs in the community.
- Some psychiatrists won't see individuals with a substance abuse addiction
- Children are growing up in environments where addiction is the norm
- The mobile crisis team services need to be expanded
- Crisis residential program beds need to be developed in the county
- Although parent/family support services are available in the Health Department, many do not take advantage of the opportunity.
- The ED is seeing more youth who are abusing spice and coming to the ED psychotic or suicidal; treatment options are very difficult

## Strategic Initiatives

After reviewing and analyzing the data, strategic initiatives have been identified to help begin establishing prevention and intervention priorities for the county. The overall goal of the strategic initiatives is to support the county in making systematic changes ~ ultimately decreasing the number of opioid overdose deaths. Some changes may require a shift in resources that are already in place. However, every change will require the energy of the community to collaborate throughout the process.


As the foundation, the strategic initiatives of the Harford County Opioid Overdose Prevention Plan is based on the SAMHSA recognized Lazarus Project (SAMSHA Prevention Conference -Feb, 2013). The Lazarus Project is a public health model founded on the principles that "drug overdose deaths are preventable and that all communities are ultimately responsible for their own health" ([www.Projectlazarus.org](http://www.Projectlazarus.org)).


Model components include:


- ❖ Monitoring and epidemiologic surveillance,
- ❖ Community activation and coalition building,
- ❖ Prevention of overdoses through medical education and other means,
- ❖ Treatment & Use of rescue medication to reverse overdoses by community members, and
- ❖ Evaluation components



*Harford County Opioid Overdose Model- based on The Project Lazarus*

Review and Analysis of Data					
<i><b>Community Objective</b></i>	<i><b>Strategy</b></i>	<i><b>Action</b></i>	<i><b>Timeline</b></i>	<i><b>Performance Measure</b></i>	<i><b>Measurable Indicators</b></i>
Monitor Data and Recommend Changes to Policies and Practice.	Monitor the effectiveness of prevention and intervention activities in the health department, Office on Mental Health, among Providers and within the community.	Utilize data points as benchmarks to monitor the effectiveness of prevention and intervention activities.	2013 and ongoing	 Participation in the countywide behavioral health intergration strategic planning process to create a cultural shift in the county.	<p>The Opioid Prevention Workgroup will meet quarterly to monitor strategic activities and data points which are available.</p> <p>Annually, the workgroup will review the overall data and complete yearly comparisons to determine the effectiveness of the identified strategies.</p>


Education of the Community					
<i><b>Community Objective</b></i>	<i><b>Strategy</b></i>	<i><b>Action</b></i>	<i><b>Timeline</b></i>	<i><b>Performance Measure</b></i>	<i><b>Measurable Indicators</b></i>
Prevention	Community Organization and Activation	Identify and engage with persons in recovery to assist in community coalition building.	2013	 Participation in the county with grassroots "change-agents" to create community buy-in within the county.	Increase the number of attendees participating in planning for the integration of behavioral health services. A baseline of participants will be established in 2013.
		Harford County Health Department will explore using Assisters (outreach workers) to provide information to people and encourage those who are eligible to apply for Medicaid benefits.	2013/2014		
		Develop and strengthen Community Coalitions (Faith-based prevention board, town hall meetings, school-student partnerships, etc.) with the goal of creating a paradigm shift in the county.	2013		

Education of the Clinical Community					
<b>Community Objective</b>	<b>Strategy</b>	<b>Action</b>	<b>Timeline</b>	<b>Performance Measure</b>	<b>Measurable Indicators</b>
Prevention	Prescriber Education and Behavior	In partnership with ADAA, facilitate prescriber education/trainings on pain management and the prescription drug monitoring program. This training will also reach out to the Dental Society, and local dentists in the county who are known to prescribe prescription medications.	2014	 Participation of educational forums by professionals who are prescribers of pain medications.	Increase the number of attendees participating in prescriber prevention/awareness activities. A baseline of participants will be established in 2013.
		Partner with ADAA to assist in identifying and recruiting prescribers to participate in Risk Evaluation and Mitigation Strategy (REMS) training.	2014		



Education of the Clinical Community					
<i>Community Objective</i>	<i>Strategy</i>	<i>Action</i>	<i>Timeline</i>	<i>Performance Measure</i>	<i>Measurable Indicators</i>
Prevention	Supply Reduction and Diversion Control	Modify the drug take-back message to include a broader public health/education message (modeled after Lazarus message).	2013	↓ Babies Born Addicted	Reduce the rate of newborns exposed to drugs by 5%.
		Continue to partner with strategic partners to implement county-wide Drug-Take-Backs (creating a schedule for the year).	2013		In 2011, the newborn drug exposure rate was 29.2 per 1,000 newborns.
		Work with Upper Chesapeake Health System to explore developing a policy about opioid prescribing limitations for Hospital emergency department.	2013		By 2015, the rate will be reduced to 27.74.
		Work in partnership with local law enforcement to identify and implement establish a permanent drop-site for prescription drug returns (exploring how Carroll County has implemented this strategy).	January 2014		

Outreach to High Risk Individuals and Communities					
Community Objective	Strategy	Actions	Timeline	Performance Measure	Measurable Indicators
<div>↑</div> Intervention/Treatment	Increase number of citizen receiving treatment services.	Harford County Health Department will establish a partnership with Harford County Public School guidance counselors to address needs of children of parents (currently in treatment at the Health Dept.). The needs of the children will be addressed through community programs.	2015	<div>↑</div> Number of co-occurring mental health consumers in treatment	Increase the number of people participating in publically funded addiction services by 10%. In 2012, there were 1,372 served. In 2015, there will be over 1,509 served in publically funded addiction services.
		In partnership with the Upper Chesapeake Health System- HealthLink, promote Screening, Brief Intervention and Referral to Treatment (SBIRT) among the physicians and nurse practitioners to identify addiction needs in the practice. HealthLink serves a predominantly low-income population and serves as the Health Care for the Homeless treatment site.	2015	<div>↑</div> Number of People Treated for Opiate Addiction	~ Increase the number of people entering the public mental health system who utilize co-occurring services by 5%. In 201 2 5,333 were served in the public mental health system. In 2015, there will be 5,600 served in the PMHS.

Outreach to High Risk Individuals and Communities					
<b>Community Objective</b>	<b>Strategy</b>	<b>Actions</b>	<b>Timeline</b>	<b>Performance Measure</b>	<b>Measurable Indicators</b>
Intervention/ Treatment	Emergency Treatment through Medication ~ Rescue and "Alternative"	Work with Upper Chesapeake to identify patients who frequently use the emergency department and develop a mechanism for rapid treatment referrals.	2013	 Deaths due to Overdoses	Decrease overdose deaths by 10%.
		Work with EMS providers to continue monitoring the usage of Nar-Con as a rescue medication.	2013		In 2010, there were 38 deaths.
		Explore with Dr. Chris Welsh opportunities for the use of Nar-Con at the community level.	2014		By 2015, deaths will be decreased to 34.

Note: Deliverables are based on funding availability.

## Summary

Key stakeholders from all sectors of the Harford County Health Department, Harford County Department of Community Services-Office of Drug Control Policy, Office on Mental Health/Core Service Agency, local hospital system, numerous behavioral health providers and community members are being mobilized to mount an effective response to tackling opioid addiction in the county. We are working to create community champions effecting a county-wide paradigm shift. In partnership and with support from the State of Maryland Department of Health and Mental Hygiene - Alcohol Drug Administration and Mental Hygiene Administration, and numerous community partners, we are actively working to mitigate drug overdoses in Harford County.